

2009 HMO Annual and Quarterly Supplement Report Instructions



D I F P
Department of Insurance
Financial Institutions &
Professional Registration

Summary of Changes made to the 2009 HMO Annual and Quarterly Supplement Report Instructions

- 1) Page 9, 24 – Cost of Services Table - ‘Prostheses & Expenses’ has been changed to ‘Hair Prostheses & Expenses’.
- 2) Page 12, 27 – Annual Supplement 3 - revised form
- 3) Page 26 – Annual Supplement 2 – revised form

Deadlines:

All requested information (Tables 1-7, Cost of Service Table and Supplements*) for the relevant reporting period, should be submitted by the dates listed below:

<i>2009 Reportings</i>	<i>Deadlines:</i>
First Quarter Supplement (January 1, 2009 to March 31, 2009):	July 15, 2009
Second Quarter Supplement (April 1, 2009 to June 30, 2009):	October 15, 2009
Third Quarter Supplement (July 1, 2009 to September 30, 2009):	January 15, 2009
Annual Report Supplement (January 1, 2009 to December 31, 2009):	April 15, 2010
<i>Final submission deadline of amendments</i>	<i>June 15, 2010</i>

IMPORTANT: The 2009 HMO Report will go to press soon after June 15, 2010. The deadline cannot be extended beyond this date. Information submitted in amendment documents after this deadline will NOT be included in the report.

Also, please note that the Health Maintenance Organization is subject to penalties pursuant to section §354.444 RSMo if these deadlines are not met.

***NOTE:** Supplements 2 and 3 are required **annually only**. Do not send these supplements with the quarterly filings. Send both supplements with the Annual Filing only.

Filing fee: \$50.00 (§354.495 RSMo)

TD-1: Not Required

Where to send the Statement of Authorization (page 13):

Missouri Department of Insurance, Financial Institutions and Professional Registration
Attn: Managed Care Section
P.O. Box 690
Jefferson City, MO 65102-0690

Where to E-Mail the Filing: Jeanne.Robey@insurance.mo.gov or Anne.Rehagen@insurance.mo.gov

How to contact the Managed Care Section:

Direct inquiries regarding the quarterly and annual supplement filings to the Managed Care Section via telephone at (573) 522-8562, or via e-mail at Jeanne.Robey@insurance.mo.gov or (573) 751-0794, or via e-mail at Anne.Rehagen@insurance.mo.gov

DIFP on the World Wide Web:

Information regarding this and other required filings may also be obtained on the DIFP website at:
<http://www.insurance.mo.gov/>.

General Instructions for Tables 1-7, Cost of Services Table, Supplements 1, 2 and 3

How to define Missouri Membership:

Find out how enrollment and utilization is broken down for the Financial Statements, and utilize that methodology. If your company prepares the Financial Statements on some basis other than “Live or Work”, then a Special State Page will be required. The Special State Page will be prepared utilizing the “Live or Work” rule.

LIVE: If it is done on a residential (enrollee/subscriber's home Zip Code) basis, then the only activity reported in this Supplemental Filing should be for Missouri Zip Codes (63001 - 65899).

WORK: If it is done on a group (contracts entered into with Missouri employers) basis, then the activity reported in this Supplemental Filing should be that of all enrollees or subscribers associated with those Missouri Groups.

Supplement 1 - Enrollment by Zip Code: This report should also be prepared using one of the methodologies stated above. For residential-based reporting, this report will contain only the Missouri Zip Codes (63001 - 65899) of current enrollees/subscribers. For group-based reporting, this report will contain the residential zip codes for all enrollees/subscribers associated with the Missouri groups, which may fall outside of the State of Missouri.

Tables (1-7), Cost of Services and Supplements: Instructions and Formatting Guidelines

- 1) Please submit Tables 1-7, the Cost of Services Table, and Supplements via e-mail to mail to: Jeanne.Robey@insurance.mo.gov or Anne.Rehagen@insurance.mo.gov. We ask that Tables 1-7, Cost of Services Table and Supplements be downloaded from our website at: <http://www.insurance.mo.gov/industry/filings/mc/index.htm>. When you are e-mailing the filings, they MUST be in a 'zipped' format, due to DIFPs' e-mail security firewall. If you do not have access to Internet e-mail, then submit the data on a CD-Rom. The disk must be clearly labeled with: Company Name, Reporting Period and CD-Rom contents.

- 2) **Tables 1-7 and the Cost of Services Table constitute a Set of Tables.** A Set of Tables must be submitted for each product a company offers, AND a Set of Tables for combined commercial products (HMO plus POS), if the company offers both these products. For example, Company X has an HMO, Medicare, Medicaid and POS product. They would need to submit **five** Sets of Tables:

Company X:

HMO (Tables 1-7 and Cost of Services Table)

POS (Tables 1-7 and Cost of Services Table)

Medicare (Tables 1-7 and Cost of Services Table)

Medicaid (Tables 1-7 and Cost of Services Table)

HMO & POS (Tables 1-7 and Cost of Services Table)

**These five sets of tables are to be
submitted in one "workbook"
(see Pages 17-24)**

- 3) The Utilization Tables 1-7, Cost of Services Table, and the supplements must be filed containing information based on **Missouri's "Live or Work" Rule**. Also, "dates of service" should reflect the date incurred, not the date the claim was received from the provider. If you report on a Work basis, and you have enrollees with Illinois residential zip codes you will need to do a separate Table 1 for Illinois. If you report on a work basis, and have enrollees with Kansas residential zip codes you will need to do a separate Table 1 for Kansas. You do **not** need extra Illinois or Kansas tables for Tables 2-7 or the Cost of Services Table. You do **not** need extra Illinois or Kansas table 1's if you are reporting on a LIVE basis.
- 4) **General Formatting Notes:** (See Pages 17-24 for examples of acceptable format). Each table must be labeled to indicate:
- the table number, (i.e. Table 1, Table 2, etc.)
 - the category of membership the table concerns, (i.e. HMO, POS, HMO/POS, MDCR, MDCD)
 - the state (only applicable to Table 1s prepared using the WORK method), (i.e. IL, KS, MO)
 - the name of the company,
 - the reporting period (see below),
 - the table title.
- 5) **Reporting Periods:** Please provide data corresponding to the following reporting periods:

Reporting Period

Quarter 1, 2009

Quarter 2, 2009

Quarter 3, 2009

Annual 2009

Time Frame for the Reported Period

January 1, 2009 – March 31, 2009

April 1, 2009 – June 30, 2009

July 1, 2009 – September 30, 2009

January 1, 2009 – December 31, 2009

- 6) **DO NOT** include any Administrative Services Only (ASO) or Statements of Statutory Accounting Principals (SSAP) #47 enrollment, membership or utilization data in any of the Tables submitted.

Note: ASO enrollees are defined as enrollees of the Health Maintenance Organization (HMO) for which the HMO performs administrative services only, such as claims processing for self-insured entities (third party at risk). The HMO has not issued an insurance policy (regardless of whether an identification card is issued) and therefore is not subject to any type of loss or liability caused by claims incurred by the ASO enrollees. SSAP #47 enrollees are defined as similar to ASO in that the business is considered self-insured. However, it's found to actually represent insurance risk for the company. One example is reinsurance, but some network rental contracts also fall under this category.

- 7) Any tables with negatives, blanks or zeros will be considered an incomplete filing unless the company submits a written statement that the service in question is not offered.
- 8) **POS Out-of-Network activity:** All POS activity should be included, both in-network and out-of-network, regardless of how POS Out-of-Network is reflected in the financial statements. However, only the **best** level of benefits from the member's point of view is considered "in network" for purposes of the Supplement Report. All activity that occurs should be reported, but the activity that occurs at less than the **best** level of benefits should be reported as "out-of-network" for Table 3 and for the POS and AGG Cost of Services Table general questions.
- 9) If you contract out one or several services, you must obtain the utilization and cost information from the company/network with whom you contract and incorporate that data into Tables 1-7 and the Cost of Services Table. **The Missouri Department of Insurance, Financial Institutions and Professional Registration will not accept a separate filing from the company/network with whom you have contracted to provide specified services.**
- 10) Consistency between tables, supplements 1, 2, 3, and other required DIFP filings is very important. We have provided you with detailed comparison forms (see page 14 and 15). It will be to your advantage to thoroughly review these forms before submitting your data to DIFP. If your HMO consistently fails the basic correlation tests detailed on page 14 and 15, then the DIFP will mandate that you submit a completed page 14 and 15 with your filing. Also, to ensure that the tables are formatted and titled correctly, we have provided a sample Set of Tables (see pages 17-28).
- 11) When the review process results in a request for corrected data, please submit only those portions cited.
- 12) Please remember that Dates of Service should reflect the date incurred, not the date the claim was received from the provider.

Instructions Specific to Each Table

TABLE 1 – See Page 17

Average Enrollment and Cumulative Member Months by Gender and Age:

- A. **Average enrollment** should be reported in each age and gender category using total enrollment at the end of each month, adding the totals together and dividing by the number of months in the reporting period.

EXAMPLE 1: **Second Quarterly Filing-**

	a	m	j	a+m+j/3
Age	April 30 th	May 31 st	June 30 th	Average Enrollment
<1	3	5	2	$3+5+2/3 = 3^*$
1-4	7	10	11	$7+10+11/3 = 9^*$
etc...				

*(Please round to the nearest whole person.)

EXAMPLE 2: **Annual Filing**

Enrollment on:

$$\frac{\text{Jan 31}^{\text{st}} + \text{Feb 28}^{\text{th}} + \text{Mar 31}^{\text{st}} + \text{Apr 30}^{\text{th}} + \text{May 31}^{\text{st}} + \text{Jun 30}^{\text{th}} + \text{Jul 31}^{\text{st}} + \text{Aug 31}^{\text{st}} + \text{Sept 30}^{\text{th}} + \text{Oct 31}^{\text{st}} + \text{Nov 30}^{\text{th}} + \text{Dec 31}^{\text{st}}}{12}$$

for each age category.

- B. **Cumulative Member Months (CMM)** should be reported in each age and gender category.

CMM = total enrollment at the end of each month.

From example above, CMM is:

	a	m	j	a+m+j
Age	April 30 th	May 31 st	June 30 th	CMM
<1	3	5	2	$3+5+2 = 10$
1-4	7	10	11	$7+10+11 = 28$
etc...				

TABLE 2 – See Page 18

Hospital Utilization:

A. General Hospital/Acute Care Facility

1. **Medical/Surgical:** Refers to general hospital/acute inpatient care; includes any hospital days for services except maternity and mental health, e.g. pediatric, gynecology, neurology, etc.
2. **Maternity:** Refers to care connected with a live birth in a general hospital or acute care facility; only mothers' days should be counted, not newborns'. Please be sure and break down this data into the following categories:

Normal
C-Section
Other

Please add a footnote to Table 2 explaining the data captured in the 'Other' maternity category.

3. **Newborn:** A newborn is considered admitted to the hospital, only after the mother has been discharged. Please count 'Days' as days accrued by the newborn after the mother is discharged.
4. **Mental Health:** Inpatient days when provided in acute care facilities, as opposed to psychiatric long-term institutions or wards. Acute Mental Health care in an Acute Care Facility. Please note that mental health care includes care for any condition listed in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders, including psychiatric, mental retardation and developmental disability conditions. This data should be broken down into two subcategories:

Chemical Dependency
Other

5. **Subtotal for Part A:** The sum of points 1-5. (NOTE: The Subtotal for Part A 'Days' and 'Admissions' should be equal to the Total 'Days' and 'Admissions' on Table 6.)

B. Specialty Facility - Refers to inpatient stays in freestanding specialized facilities as opposed to acute inpatient hospital stays, except for Mental Health (see below).

1. **Rehabilitation:** inpatient stays at a freestanding rehabilitation facility.
2. **Nursing Home (SNF/ICF):** An SNF provides services to patients who require primarily restorative or skilled nursing care. An ICF provides services to patients not requiring the degree of care provided by a hospital or SNF but who require care and services provided at institutional facilities.
3. **Mental Health:** Inpatient days when provided in specialized institutions or wards (specific area within an Acute Care Facility). Long-term Mental Health Care provided in a specialized institution, or a specific area within an Acute Care facility. Mental Health provided in a Residential Care setting. Please note that mental health care includes care for any condition listed in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders, including psychiatric, mental retardation and developmental disability conditions. This data should be broken down into two subcategories:

Chemical Dependency/Detoxification
Other

4. **Subtotal B:** Sum of points 1-4.

C. Grand Total Inpatient Utilization- Subtotal for Part A plus Subtotal for Part B.

TABLE 3 – See Page 19

Hospital Emergency Care: ER utilization should be based upon members who were **not** admitted to the hospital from the ER. Admits to hospital from ER should be captured in Table 2 and again on Table 6. See page 6 for definition of in-network and out-of-network.

- A. **In-Network ER Utilization:** Emergency Room utilization with in the contracted network.
- B. **Out-of-Network ER Utilization:** Emergency Room utilization outside of the contracted network. (NOTE: includes out of town utilization as well as local non-contracted ER utilization).
- C. **TOTAL:** Sum of A and B.

TABLE 4 – See Page 20

Ambulatory Utilization by Provider Type: Ambulatory Care includes services provided on an ambulatory basis (patient received care by going to physicians' offices, outpatient departments or health centers) by both physicians and non-physicians. Excludes emergency room care and services specifically captured in Table 5. Please note: See page 16 for American Medical Association Medical Provider Code breakdown. There is also a list of codes that should not appear on this table. The excluded codes represent medical professionals that an enrollee would not schedule an appointment with to receive care.

A. Physician Encounters by Specialty:

1. **Primary Care:** Member encounters with Primary Care Physicians
2. **Pediatric Specialists:** Encounters with Pediatric Specialists
3. **OB/GYN:** Obstetricians and Gynecologist
4. **Mental Health/Psychiatry/Chemical Dependency**
5. **Specialists:** Specialist encounters that do not fall in the above mentioned categories
6. **Subtotal:** sum of 1-5.

B. Other Professional Provider Encounters: Consists of all other non-physician type providers meeting the Ambulatory Care criteria, e.g. Mental Health, Optometry, Podiatry, Dentistry, Chiropractic, Physician Assistants, Nurse Practitioners, etc...

1. **Mental Health** (i.e. Psychologist)
2. **Chiropractic**
3. **All Others:** Please footnote the category(s) of data being captured.
4. **Subtotal:** Sum of 1-3.

C. Total: Sum of part A subtotal and part B subtotal. (NOTE: Total for Table 4 must be equal to Total for Table 7.)

TABLE 5 – See Page 21

Other Services (Non-Admissions): Intended to capture other non-admission types of services such as Home Health Care visits, Surgery in a free-standing facility, same day hospital surgery, birthing rooms, psychiatric daycare, non-residential mental health care, etc...

- A. **Home Health Care Visits:** Care provided by health care personnel in the patients' home.
- B. **Surgical Center (non-hospital):** Same-day surgery performed in a freestanding surgical center.
- C. **In/Out Surgery (hospital) or Ambulatory Same-Day Surgery:** Surgery performed in a hospital but does not entail admission into the hospital.
- D. **Birthing Center/Room:** Normal delivery in a birthing center or room not entailing admission to the hospital.
- E. **Non-Residential Mental Health Care:** Mental health care provided in an institution during the daytime or nighttime only (beyond a simple ambulatory care encounter). Please note that mental health care includes care for any condition listed in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders, including psychiatric, mental retardation and developmental disability conditions.
- F. **Other:** All other non-admissions that do not fall into one of the above-mentioned categories. Please footnote the category (s) of data being captured.
- G. **TOTAL:** Sum of A-F.

TABLE 6 – See Page 22

General Hospital/Acute Care Facility Utilization by Age and Gender: Days and Admissions should be based on age at the time the service was rendered.

Table 6 Total 'Days' for male and female and Total 'Admissions' for male and female must be equal to the Total of Part A on Table 2. (See Table 2 Part A – see page 7.)

Only capture acute hospital admissions. **Do not capture sub-acute, long-term care or specialty facility admits.**

TABLE 7 – See Page 23

Ambulatory Utilization by Age and Gender: Ambulatory Encounters should be based on age at the time the service was rendered.

Table 7 Total Ambulatory Encounters for male and female must equal the Total of Table 4. (See Table 4 instructions-see pages 7-8.)

Do **not** include the types of services captured in Table 5 (see page 8).

COST OF SERVICES TABLE – See Page 24 – This is actual "Claims-Based" information, not IBNR.

Capitation is defined as: A per-member, monthly payment to a provider that covers contracted services and is due in advance of care delivery. In essence, a provider agrees to provide specified services to plan members for this fixed, predetermined payment for a specified length of time, regardless of how many times the member uses the service. The rate can be fixed for all members or it can be adjusted for the age and gender of the member, based on actuarial projections of medical utilization.

Definitions of Column Headings:

- A. Total Medical Cost:** Total cost incurred for services provided to enrollees during the reporting period, net of any negotiated discounts with providers.
- B. Deductibles/Co-payments:** Total amount of payments made by enrollees in the form of any required co-payment or coinsurance.
- C. COB Savings:** Coordination of Benefit Savings – Total amount of any savings related to coordination of benefits for enrollees with coverage under more than one plan.
- D. Other Offsets:** Total amount of any reduction in payment due to prior over-payments, capitation withholds, and other amounts by which payments to medical providers are reduced, such as risk sharing arrangements, which aren't captured in co-pay and COB columns already. It should EXCLUDE: co-insurance, non-covered items or services, or re-insurance expenses.
- E. Total Paid:** Total Paid = Total Medical Cost-Deductibles/Co-payments-COB-Other Offsets
- F. Per Member Per Month:** PMPM = Total Paid / Cumulative Member Months (from Table 1)
- G. Re-Insurance:** If the HMO has reinsurance and chooses to report reinsurance on this table, reinsurance should be reported in this column. If the reinsurance recovery amount is specific to one of the cost categories on this table, put the amount in that cost category.

Cost Categories: Please be sure to include all Categories listed on the attached example table. Your filing will be considered incomplete if you report that you are unable to provide all the Cost Category data requested. (For example: you must be able to separate Inpatient and Outpatient Hospital costs, Inpatient and Outpatient Physician costs, etc...) Costs from subcontractors should be incorporated in the appropriate categories.

Definitions of Cost Categories:

- A. Inpatient Hospital:** Costs incurred due to the utilization reported on Table 2, Part A, excluding mental health costs.
- B. Outpatient Hospital:** Costs incurred due to the utilization reported on Table 5 - In/Out Surgery Hospital/Ambulatory-Same Day Surgery (line 10), excluding Non-Hospital services.
- C. Prescription Drugs (not inpatient):** All covered outpatient prescription costs.
- D. Inpatient Physician, Surgeon, Anesthesia, etc.:** Physician costs incurred as a result of the utilization reported on Table 2, Part A, as well as hospitalist costs, if any.
- E. Outpatient Physician, Surgeon, Anesthesia, etc.:** Physician costs incurred as a result of the utilization reported on Table 4, excluding Mental Health/Psychiatry/Chemical Dependency (line 12), Mental Health (line 21) and Chiropractic (line 22).
- F. Emergency Room:** Costs incurred due to the utilization reported on Table 3.
- G. Chiropractic:** Costs incurred due to the utilization reported on Table 4 – Chiropractic (line 22).
- H. Hair Prostheses & Expenses:** Costs incurred due to the RSMo 376.1222, as applicable to only Medicaid and MCHCP.
- I. Inpatient Mental Health:** Costs incurred due to the utilization reported on Table 2 – Mental Health (lines 18 and 36). Please note that mental health care includes care for any condition listed in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders, including psychiatric, mental retardation and developmental disability conditions.
- J. Outpatient Mental Health:** Costs incurred due to the utilization reported on Table 4 – Mental Health (lines 12 and 21) and Table 5 – Mental Health (line 12). Please note that mental health care includes care for any condition listed in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders, including psychiatric, mental retardation and developmental disability conditions.
- K. Diagnostic, X-ray, Laboratory:** Imaging, pathology, X-ray and lab charges due to utilization reported on Tables 2 through 5
- L. Other:** On this line, report financial figures for all other Cost Categories not listed in this table. Please footnote what 'Other' includes.
- M. Total Capitation Costs:** Include here all costs for which payment is made on a capitated basis (see definition of Capitation on page 8). **NOTE: If Capitation Costs are reported, you must footnote what those costs refer to, (e.g. mental health services, etc...).** If you have more than one category listed in this footnote, please break out your Capitation Costs by each category.
- N. Don't forget to fill in the general questions concerning average membership, total membership, cumulative member months, average age of members, total number of members who received services that resulted in a claim and the POS Out-of-Network activity questions.**

Supplement 1: Instructions and Formatting Guidelines – see page 25.

1) Please submit Supplement 1 via e-mail to Jeanne.Robey@insurance.mo.gov or Anne.Rehagen@insurance.mo.gov. When you are e-mailing the filings, they MUST be in a 'zipped' format, due to DIFPs' e-mail security firewall. Also you must virus check the e-mail attachment(s) before sending it to the Missouri Department of Insurance, Financial Institutions and Professional Registration.

2) The company is to submit the requested data in spreadsheet format. **NOTE: The filing will be considered incomplete if column headings/field names are incorrect or missing from the files. Please see below for further instruction.**

3) Supplement 1 should include information pertaining to Missouri and the adjacent metropolitan areas (as defined on page 4, item 3) that extend into Illinois and Kansas, in a manner that conforms to Missouri's "Live or Work" Rule. This information should conform to the methodology used by the Company to prepare the Quarterly/Annual Financial Statement. If your company prepares the Financial Statements on some basis other than "Live or Work", then a Special State Page will be required. The Special State Page will be prepared utilizing the "Live or Work" rule.

4) On Supplement 1 **do not** include any Administrative Services Only (ASO) membership. **Note:** ASO enrollees are defined as enrollees of the Health Maintenance Organization (HMO) for which the HMO performs administrative services only, such as claims processing for self-insured entities (third party at risk). The HMO has not issued an insurance policy (regardless of whether an identification card is issued) and therefore is not subject to any type of loss or liability caused by claims incurred by the ASO enrollees. SSAP #47 enrollees are defined as similar to ASO in that the business is considered self-insured. However, it's found to actually represent insurance risk for the company. One example is reinsurance, but some network rental contracts also fall under this category.

SUPPLEMENT 1

Enrollment by Zip Code- Reporting Period (e.g. Q2_2009)

Company Name

Zip Code	HMO	POS	Medicare	Medicaid
63125	250	50	0	20
65201	117	33	0	16
etc...				

- A. Zip Code:** Enrollment for all of Missouri and the adjacent metropolitan areas of Illinois and Kansas should be included in Supp1. Each record must contain a unique Zip Code. Please check your file carefully for duplicate Zip Codes before you submit your file to DIFP. **NOTE: If duplicate Zip Codes are found your filing will be considered unsatisfactory.**
1. If this supplement is being prepared on a "Live" basis, there will only be Missouri zip codes.
 2. If this supplement is being prepared on a "Work" basis, then we will see zip codes for Missouri as well as that of the surrounding states.
 3. Total Enrollment is reported as of the last day of the Reporting Period.
- B. HMO:** Must contain all HMO product enrollment for the reporting period.
- C. POS:** Must contain all POS product enrollment for the reporting period.
- D. Medicare:** Must contain all Medicare product enrollment for the reporting period.
- E. Medicaid:** Must contain all Medicaid product enrollment for the reporting period.

Annual Supplement 2 – see page 26.

Small and Large Employer Contracts and Enrollment – Annual Only

- A. Annual Supplement 2 is prepared in order to allow the Missouri Department of Insurance, Financial Institutions and Professional Registration to report on HIPAA related items and issues, to the Centers for Medicare & Medicaid Services regarding access to coverage for small and large employers in Missouri.

- B. **ANNUAL SUPPLEMENT 2 IS REQUIRED ONLY FOR THE ANNUAL FILING. IT IS NOT REQUIRED FOR ANY OF THE QUARTERLY FILINGS.**

Please EXCLUDE any information regarding:

- Individual enrollment
- ASO & SSAP #47 enrollment
- Medicare enrollment
- Medicaid enrollment

- C. The federal Health Insurance Portability and Accountability Act (HIPAA) and state law define Small Employers as groups of two to fifty (2-50).

Please INCLUDE data reflecting contracts and enrollment as of year-end.

- D. For Total Group, add item's 1+ 2. **DO NOT ADD** item's 1 + 1a + 1b + 2 + 2a + 2b as this will double count small/large employers.
- a) Item 1 represents activity pertaining to Small Employers
 - i) Item 1a represents Small Employers in associations with rate differentials exceeding 20 percent.
 - ii) Item 1b represents Small Employers in associations with rate differentials not exceeding 20 percent.
 - b) Item 2 represents Large Employers (over 50 Employees)
 - i) Item 2a represents Large Employers in associations with rate differentials exceeding 20 percent.
 - ii) Item 2b represents Large Employers in associations with rate differentials not exceeding 20 percent.
 - c) By definition, if data is reported on line 1a, data must also be reported on line 2a. Similarly, if data is reported on line 1b, data must also be reported on line 2b.
 - d) Lines 1a and 2a – Report business for associations in which the index rate for any class of business exceeds the rate for any other class by more than 20 percent. This business should be exempt from the rating provisions of 379.936.1(1) RSMo, as per 376.421.1(5)(e) RSMo.
 - e) Lines 1b and 2b – Includes business for associations in which the index rate for any rating period for any class of business does not exceed any other class of business by more than 20 percent.
- E. Please note that Total Group Enrollment will be compared to the State Page of the Annual Financial Statement.
- F. If any of the above mentioned directions are not followed, your **ANNUAL** filing will be considered incomplete.

Before E-Mailing the Filing!!!

- **Review your filing and verify that all information is accurate. *The Missouri Department of Insurance, Financial Institutions and Professional Registration will not process faulty data.***
- **Make sure that the Company representative that completed the supplemental filing signs the following Statement of Authorization.**
- **Be sure and mail a signed original to the address noted on page 3.**
- **Take note that if corrected information is not received by DIFP by June 15, 2010, it will not be included in the 2009 HMO Annual Report.**

Important Reminder:

To ensure uniformity and accuracy in data reporting and to maintain a standard of fairness, these instructions, both for content and format, must be adhered to. If submitted data is found to be out of compliance with the 2009 instructions the company must correct the filing and resubmit to Missouri Department of Insurance, Financial Institutions and Professional Registration. Please note that failure to meet specified deadlines may subject an HMO to forfeiture pursuant to §354.444 RSMo.

Statement of Authorization

I hereby certify that I have investigated the qualifications and accuracy of this filing and that the submitted data meets all requirements under this State's insurance statutes and regulations. I am duly authorized to release said data on behalf of the organization to which this request applies. I certify that the submitted e-mail attachment(s) (or diskette(s)) has/have been checked for viruses by an anti-virus software package and does not contain any viruses.

Signature

Date Signed

Name above typed or printed

Title

Company

Phone Number

Check List for Reviewing Tables 1-7 and Cost of Service Table

COMPANY NAME: _____

The following lines of data should match in value:

TABLE 2 and TABLE 6

TABLE 2- Total for Part A

Table 2 (days): _____ Table 2 (admissions): _____

TABLE 6- Total

Table 6 (days): _____ Table 6 (admissions): _____

TABLE 4 and TABLE 7

Table 4 (total): _____

Table 7 (total): _____

ENROLLMENT:

Within each set of tables, Average Enrollment from Table 1 and the Cost of Services Table must be equal.

Cost of Services and Supplement 1 Total Enrollment as of last day of the period reported should be equal. **Note: Total Enrollment is reported using Missouri's "Live or Work" Rule.**

DIFP expects Total Enrollment to be within $\pm 5\%$ of Average Enrollment for the reporting period unless written notification of extenuating circumstances (such as rapid growth of a new product, or elimination of a product) is provided with the filing.

A) Average Enrollment

Table 1 _____
Cost of Services _____

B) Total Enrollment (as of last day of the period reported)

Supplement 1 _____
Cost of Services _____

C) Is point B (total enrollment) within $\pm 5\%$ of Point A (average enrollment)? **YES or NO**

If **NO**, why not? _____

Table 1 Cumulative Member Months should equal Cost of Services Cumulative Member Months.

Table 1 Cumulative Member Months _____
Cost of Services Cumulative Member Months _____

Check List for Reviewing Correlation between Quarterly/Annual Managed Care Filing and Quarterly/Annual Financial Statement

Correlation between the Quarterly/Annual Financial Statement will be done utilizing the 'State Page' and Schedule T of the Financial Statement.

COMPANY NAME: _____

The following should correlate:

SUPPLEMENT 1 TOTAL ENROLLMENT AND TOTAL MEMBERS

Supplement 1 _____

Total Members _____

Are Supplement 1 and Total Members within $\pm 5\%$? YES or NO

If NO, please explain: _____

TABLE 1 CUMULATIVE MEMBER MONTHS AND CURRENT MEMBER MONTHS

Table 1 (Member Months) _____

Current Member Months _____

Are Table 1 and Member Months within $\pm 5\%$? YES or NO

If NO, please explain: _____

TABLE 2 HOSPITAL UTILIZATION AND HOSPITAL PATIENT DAYS INCURRED AND NUMBER OF INPATIENT ADMISSIONS

Table 2 Total for Part A

Table 2 (days) _____

Hospital Patient Days Incurred _____

Table 2 (admissions) _____

Number of Inpatient Admissions _____

Is Table 2 Part A and Hospital Patient Days Incurred and Number of Inpatient Admissions within $\pm 5\%$? YES or NO

If NO, please explain: _____

TABLE 4 AMBULATORY UTILIZATION BY PROVIDER TYPE AND TOTAL AMBULATORY ENCOUNTERS

Table 4 (Physician Encounters) _____

Physician _____

Table 4 (Other Professional Providers Encounters) _____

Non-Physician _____

Table 4 (Total) _____

Total _____

Are Table 4 and Total Ambulatory Encounters within $\pm 5\%$? YES or NO

If NO, please explain: _____

COST OF SERVICES TABLE AND AMOUNT INCURRED FOR PROVISION OF HEALTH CARE SERVICES

Cost of Services Table (Total Paid) _____

Amount Incurred for Provision of Health Care Services _____

Are Cost of Services Table and Amount Incurred for Provision of Health Care Services within $\pm 5\%$? YES or NO

If NO, please explain: _____

Missouri Department of Insurance, Financial Institutions and Professional Registration
2009 Supplemental Filing Instructions

Below is a listing of Medical Providers as defined by the American Medical Association.

APPROVED MEDICAL PROVIDERS:

Aerospace Medicine	Occupational Medicine	Surgery-Oro-Facial Plastic
Allergy	Ophthalmology	Surgery-Orthopedic
Allergy and Immunology	Other (specify)	Surgery-Otorhinolaryngology & Oro-Facial Plastic
Anesthesiology	Otolaryngology	Surgery-Plastic
Cardiology	Otology	Surgery-Plastic & Reconst.
Cardiovascular Diseases	Otorhinolaryngology	Surgery-Thoracic
Child Psychiatry	Physical Medicine & Rehab	Surgery-Thoracic Cardiovascular
Critical Care Medicine	Prevent Med/Aerospace Med	Surgery-Traumatic
Dermatology	Prevent Med/Occup Med.	Surgery-Urological
Diabetes	Prevent Med/Occup-Environmental Med	Surgery-Vascular
Diagnostic Radiology	Prevent Med/Public Health	Therapeutic Radiology
Diagnostic Roentgenology	Proctology	Urology
Emergency Medicine	Psychiatry	OB/GYN:
Endocrinology	Psychoanalysis	Gynecological Oncology
Family Practice	Public Health	Gynecology
Gastroenterology	Pulmonary Diseases	Maternal & Fetal Medicine
General Practice	Radiation Oncology	Neonatal/Perinatal Medicine
General Preventive Medicine	Radiation Therapy	OB/GYN
Geriatrics	Radiology	Obstetrics
Hematology	Rehabilitation Medicine	Surgery-Obstetrics/GYN
Hematology and Oncology	Reproductive Endocrinology	
Immunology	Rheumatology	PEDIATRICS:
Infectious Diseases	Roentgenology	Adolescent Medicine
Internal Medicine	Sclerotherapy	Child Neurology
Laryngology	Special Proficiency Osteopathic Manipulative Med	Neonatology
Med. Diseases of the Chest	Surgery-Abdominal	Pediatric Allergy
Medical Oncology	Surgery-Cardiovascular	Pediatric Cardiology
Neoplastic Diseases	Surgery-Colon & Rectal	Pediatric Endocrinology
Nephrology	Surgery-Facial Plastic	Pediatric Hematology/Oncology
Neurology	Surgery-General	Pediatric Nephrology
Neurology and Psychiatry	Surgery-General Vascular	Pediatric Pulmonology
Nuclear Medicine	Surgery-Hand	Pediatric Radiology
Nuclear Radiology	Surgery-Head and Neck	Pediatrics
Nutrition	Surgery-Neurological	Surgery-Pediatric

EXCLUDED PROVIDERS:

Anatomic Path. & Lab. Med.	Clinical Pharmacology	Laboratory Medicine
Anatomic Pathology	Cytopathology	Legal Medicine
Anatomic/Clinical Pathology	Dermatopathology	Medical Microbiology
Bloodbanking Pathology	Diagnostic Laboratory	Neuropathology
Chemical Pathology	Forensic Pathology	Pathology
Clinical Pathology	Immunopathology	Radioactive Isotopes

TABLE 1

Table 1 - (Specify Category of Membership) (Company Name) For the reporting period ending: (insert appropriate date)					
Average Enrollment and Cumulative Member Months by Gender and Age:					
Age Categories	Avg. Membership		Cumulative Member Months		
	male	female	male	female	
<1	0	0	0	0	
1-4	0	0	0	0	
5-9	0	0	0	0	
10-14	0	0	0	0	
15-19	0	0	0	0	
20-24	0	0	0	0	
25-29	0	0	0	0	
30-34	0	0	0	0	
35-39	0	0	0	0	
40-44	0	0	0	0	
45-49	0	0	0	0	
50-54	0	0	0	0	
55-59	0	0	0	0	
60-64	0	0	0	0	
65-69	0	0	0	0	
70-74	0	0	0	0	
75-79	0	0	0	0	
80+	0	0	0	0	
Subtotal	=sum(B9:B26)	=sum(C9:C26)	=sum(E9:E26)	=sum(F9:F26)	
Total	=sum(B28:C28)		=sum(E28:F28)		
Enrollment: (Category of Membership)					
T1(average)	=B30				
COS(average)	=COS!C23				
COS(total)	=COS!C24				
Sup1(total)	(entered from Sup1)				
%diff,T1avg from Sup1total	=(C33-C36)/C33				
Quarter/Annual Fin. Stmt	(entered from State Page)				
%diff,Sup1 to AFS	=(C36-C38)/C36				
Member Months:					
T1	=E30				
COS	=COS!C25				
%diff, T1 from COS	=(C42-C43)/C42				
Quarter/Annual Fin. Stmt	(entered from State Page)				
%diff,T1 to AFS	=(C42-C45)/C42				

TABLE 2

G51			
	A	B	C
1	Table 2 - (Specify Category of Membership)		
2	(Company Name)		
3	For the reporting period ending: (insert appropriate date)		
4			
5	Hospital Utilization:		
6			
7	A) General Hospital/Acute Care Facility	Days	Admissions
8	Medical/Surgical (non-maternity, non-mental health)	0	0
9	Maternity		
10	Normal	0	0
11	C-Section	0	0
12	Other	0	0
13	Subtotal Maternity	=sum(B10:B12)	=sum(C10:C12)
14	Newborn	0	0
15	Mental Health		
16	Chemical Dependency	0	0
17	Other Mental Health	0	0
18	Subtotal Mental Health	=sum(B16:B17)	=sum(C16:C17)
19			
20			
21	Subtotal - Part A.	=B8+B13+B14+B18	=C8+C13+C14+C18
22			
23	Table 6	=table6!B29	=table6!C29
24	% Variance	=(B21-B23)/B21	=(C21-C23)/C21
25			
26	Quarterly/Annual Financial Statement	(entered from State Page)	(entered from State Page)
27	% Variance	=(B21-B26)/B21	=(C21-C26)/C21
28			
29	B) Specialty Facility		
30			
31	Rehabilitation Care	0	0
32	Nursing Home (SNF/ICF)	0	0
33	Mental Health		
34	Chemical Dependency	0	0
35	Other Mental Health	0	0
36	Subtotal Mental Health	=SUM(B34:B35)	=SUM(C34:C35)
37			
38			
39	Subtotal - Part B.	=B31+B32+B36	=C31+C32+C36
40			
41	Grand Total	=B21+B39	=C21+C39
42			
43			

table1 | **table2** | table3 | table4 | table5 | table6 | table7 | COS | Supp 1 | S

TABLE 3

A		B
1	Table 3 - (Specify Category of Membership)	
2	(Company Name)	
3	For the reporting period ending: (insert appropriate date)	
4		
5	Hospital Emergency Care:	
6		
7		Member Encounters
8	In-Network ER Utilization	0
9	Out-of-Network ER Utilization	0
10		
11	Total	=SUM(B8:B9)
12		
13	% ON ER	=B9/B11
14		
15	Average Cost per Encounter	=COS!F11/table3!B11
16		
17		
18		
19		
20		
21		
22		
23		
24		
25		
26		
27		
28		
29		
30		
31		
32		
33		
34		

TABLE 4

	A	B
1	Table 4 - (Specify Category of Membership)	
2	(Company Name)	
3	For the reporting period ending: (insert appropriate date)	
4		
5	Ambulatory Utilization by Provider Type:	
6		
7		Member Encounters
8	Physician Encounters	
9	Primary Care	0
10	Pediatric Specialists	0
11	OB/GYN	0
12	Mental Health/Psychiatry/Chemical Dependency	0
13	Specialties	0
14		
15	Subtotal	=SUM(B9:B13)
16		
17	Quarterly/Annual Financial Statement	(entered from State Page)
18	% Variance	=(B15-B17)/B15
19		
20	Other Professional Provider Encounters	
21	Mental Health	0
22	Chiropractic	0
23	All Others	0
24		
25	Subtotal	=SUM(B21:B23)
26		
27	Quarterly/Annual Financial Statement	(entered from State Page)
28	% Variance	=(B25-B27)/B25
29		
30	Total	=B15+B25
31		
32	Table 7	=table 7!B29
33	% Variance	=(B30-B32)/B30
34		
35	Quarterly/Annual Financial Statement	(entered from State Page)
36	% Variance	=(B30-B35)/B30
37		
38		
39		
40		
41		

TABLE 5

A		B
1	Table 5 - (Specify Category of Membership)	
2	(Company Name)	
3	For the reporting period ending: (insert appropriate date)	
4		
5	Other Services (Non-Admissions)	
6		
7		Member Encounters
8	Home Health Care Visits	0
9	Surgical Center (non-hospital)	0
10	In/Out Surgery (Hospital/ Ambulatory-Same Day Surgery)	0
11	Birthing Center/Room	0
12	Non-Residential Mental Health Care	0
13	Other (not specified above)**	0
14		
15	Total	=SUM(B8:B13)
16		
17	% OTHER	=B13/B15
18		
19		
20		
21		

TABLE 6

Times New Roman 10 B I U						\$ € % , " (") +.0 -.00					
F36		=									
	A	B	C	D	E	F					
1	Table 6 - (Specify Category of Membership)										
2	(Company Name)										
3	For the reporting period ending: (insert appropriate date)										
4											
5	General Hospital/Acute Care Facility Utilization by Age and Gender:										
6											
7		Male			Female						
8	Age Categories	Days	Admissions		Days	Admissions					
9	<1	0	0		0	0					
10	1-4	0	0		0	0					
11	5-9	0	0		0	0					
12	10-14	0	0		0	0					
13	15-19	0	0		0	0					
14	20-24	0	0		0	0					
15	25-29	0	0		0	0					
16	30-34	0	0		0	0					
17	35-39	0	0		0	0					
18	40-44	0	0		0	0					
19	45-49	0	0		0	0					
20	50-54	0	0		0	0					
21	55-59	0	0		0	0					
22	60-64	0	0		0	0					
23	65-69	0	0		0	0					
24	70-74	0	0		0	0					
25	75-79	0	0		0	0					
26	80+	0	0		0	0					
27											
28	Subtotal	=SUM(B9:B26)	=SUM(C9:C26)		=SUM(E9:E26)	=SUM(F9:F26)					
29	Total	=B28+E28	=C28+F28								
30											
31	Table 2	=table2!B21	=table2!C21								
32	% Variance	=(B29-B31)/B29	=(C29-C31)/C29								
33											
34											

table1table2table3table4table5table6table7COSSupp 1Supp 2Provider Code

TABLE 7

	A	B	C
1	Table 7 - (Specify Category of Membership)		
2	(Company Name)		
3	For the reporting period ending: (insert appropriate date)		
4			
5	Ambulatory Utilization by Age and Gender:		
6			
7		Encounters:	
8	Age Categories:	Male	Female
9	<1	0	0
10	1-4	0	0
11	5-9	0	0
12	10-14	0	0
13	15-19	0	0
14	20-24	0	0
15	25-29	0	0
16	30-34	0	0
17	35-39	0	0
18	40-44	0	0
19	45-49	0	0
20	50-54	0	0
21	55-59	0	0
22	60-64	0	0
23	65-69	0	0
24	70-74	0	0
25	75-79	0	0
26	80+	0	0
27			
28	Subtotal by Gender	=SUM(B9:B26)	=SUM(C9:C26)
29	Total	=SUM(B28:C28)	
30			
31	Table 4	=table4!B30	
32	% Variance	=(B29-B31)/B29	
33			
34			

COST OF SERVICES TABLE

HMO, MDCD & MDCR COS Table

	A	B	C	D	E	F	G	H
1	Cost of Services Table - HMO							
2	(Company Name)							
3	For the reporting period ending: (insert appropriate date)							
4								
5	Cost Category:	Total Medical Costs	Deductibles / Co-payments	COB Savings	Other Offsets	Total Paid	Per Member Per Month	Re-Insurance
6	Inpatient Hospital	\$ -	\$ -	\$ -	\$ -	\$ -	#DIV/0!	\$ -
7	Outpatient Hospital	\$ -	\$ -	\$ -	\$ -	\$ -	#DIV/0!	\$ -
8	Prescription Drugs (not inpatient)	\$ -	\$ -	\$ -	\$ -	\$ -	#DIV/0!	\$ -
9	Inpatient Physician, Surgeon, Anesthesia, etc.	\$ -	\$ -	\$ -	\$ -	\$ -	#DIV/0!	\$ -
10	Outpatient Physician, Surgeon, Anesthesia, etc.	\$ -	\$ -	\$ -	\$ -	\$ -	#DIV/0!	\$ -
11	Emergency Room	\$ -	\$ -	\$ -	\$ -	\$ -	#DIV/0!	\$ -
12	Chiropractic visits	\$ -	\$ -	\$ -	\$ -	\$ -	#DIV/0!	\$ -
13	Hair Prostheses & Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	#DIV/0!	\$ -
14	Inpatient Mental Health	\$ -	\$ -	\$ -	\$ -	\$ -	#DIV/0!	\$ -
15	Outpatient Mental Health	\$ -	\$ -	\$ -	\$ -	\$ -	#DIV/0!	\$ -
16	Diagnostic, X-Ray, Laboratory	\$ -	\$ -	\$ -	\$ -	\$ -	#DIV/0!	\$ -
17	Other	\$ -	\$ -	\$ -	\$ -	\$ -	#DIV/0!	\$ -
18	Total Medical Costs	\$ -	\$ -	\$ -	\$ -	\$ -	#DIV/0!	\$ -
19	Total Capitation Costs	\$ -	\$ -	\$ -	\$ -	\$ -	#DIV/0!	\$ -
20	Total Medical Costs Less Capitation Costs	\$ -				\$ -	#DIV/0!	
21								
22	General Questions			Table 1	Supplement 1	% Variance		
23	Average # of plan members during reporting period:	0	0			#DIV/0!		
24	Total # of plan members during reporting period:	0		(entered from Sup1)		#VALUE!		
25	Cumulative plan member months during reporting period:	0	0			#DIV/0!		
26	Average age of plan members:	0.0						
27	# of plan members who received services for which a claim was	0						
28								
29								
30								
31								
32	Average Cost per Mental Health Encounter			#DIV/0!				
33								

POS & AGG COS Table

	A	B	C	D	E	F	G	H
1	Cost of Services Table - AGG							
2	(Company Name)							
3	For the reporting period ending: (insert appropriate date)							
4								
5	Cost Category:	Total Medical Costs	Deductibles/ Co-payments	COB Savings	Other Offsets	Total Paid	Per Member Per Month	Re-Insurance
6	Inpatient Hospital	\$ -	\$ -	\$ -	\$ -	\$ -	#DIV/0!	\$ -
7	Outpatient Hospital	\$ -	\$ -	\$ -	\$ -	\$ -	#DIV/0!	\$ -
8	Prescription Drugs (not inpatient)	\$ -	\$ -	\$ -	\$ -	\$ -	#DIV/0!	\$ -
9	Inpatient Physician, Surgeon, Anesthesia, etc.	\$ -	\$ -	\$ -	\$ -	\$ -	#DIV/0!	\$ -
10	Outpatient Physician, Surgeon, Anesthesia, etc.	\$ -	\$ -	\$ -	\$ -	\$ -	#DIV/0!	\$ -
11	Emergency Room	\$ -	\$ -	\$ -	\$ -	\$ -	#DIV/0!	\$ -
12	Chiropractic visits	\$ -	\$ -	\$ -	\$ -	\$ -	#DIV/0!	\$ -
13	Hair Prostheses & Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	#DIV/0!	\$ -
14	Inpatient Mental Health	\$ -	\$ -	\$ -	\$ -	\$ -	#DIV/0!	\$ -
15	Outpatient Mental Health	\$ -	\$ -	\$ -	\$ -	\$ -	#DIV/0!	\$ -
16	Diagnostic, X-Ray, Laboratory	\$ -	\$ -	\$ -	\$ -	\$ -	#DIV/0!	\$ -
17	Other	\$ -	\$ -	\$ -	\$ -	\$ -	#DIV/0!	\$ -
18	Total Medical Costs	\$ -	\$ -	\$ -	\$ -	\$ -	#DIV/0!	\$ -
19	Total Capitation Costs	\$ -	\$ -	\$ -	\$ -	\$ -	#DIV/0!	\$ -
20	Total Medical Costs Less Capitation Costs	\$ -				\$ -	#DIV/0!	
21								
22	General Questions			Table 1	Supplement 1	% Variance		
23	Average # of plan members during reporting period:	0	0			#DIV/0!		
24	Total # of plan members during reporting period:	0		(entered from Sup1)		#VALUE!		
25	Cumulative plan member months during reporting period:	0	0			#DIV/0!		
26	Average age of plan members:	0.0						
27	# of plan members who received services for which a claim was	0						
28								
29								
30								
31								
32	Average Cost per Mental Health Encounter			#DIV/0!				
33								

SUPPLEMENT 1

	A	B	C	D	E	F
1	Supplement 1					
2	ENROLLMENT BY ZIP CODE					
3	(Company Name)					
4	For the reporting period ending:			enter period		
5						
6	ZIPCODE	HMO	POS	MEDICARE	MEDICAID	
7						
8						
9						
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table1 / table2 / table3 / table4 / table5 / table6 / table7 / COS / **Supp 1** / Sup

ANNUAL SUPPLEMENT 2

Supplement 2 - SMALL AND LARGE EMPLOYER CONTRACTS AND ENROLLMENT (Company Name)

For the reporting period ending: December 31, (Enter appropriate year)

Enrollment Categories	Number of Contracts as of 12/31	Number of Enrollees as of 12/31	Number of Insured Employers	Direct Premiums Written	Direct Premiums Earned	Direct Losses Paid	Direct Losses Incurred
(1) Small Employer (2-50 employees)							
(1a) Small employers in associations with rate differentials exceeding 20 percent							
(1b) Small employers in associations with rate differentials <i>not</i> exceeding 20 percent							
(2) Large Employer/Union (over 50 employees)							
(2a) Large employers in associations with rate differentials exceeding 20 percent							
(2b) Large employers in associations with rate differentials <i>not</i> exceeding 20 percent							
Total Group (item 1 plus item 2)	0	0					
Enrollees				Premiums		Losses	
Small Employer	0			Small Employer	0	Small Employer	0
Large Employer/Union	0			Large Employer/Union	0	Large Employer/Union	0
Individual (PEAU Table)	from Pg.29.MO, L5, C2			Individual (PEAU Table)	from Pg.29.MO, L15, C2	Individual (PEAU Table)	from Pg.29.MO, L18, C2
Total	0			Total	0	Total	0
Supplement 1	from Suppl Commercial			Premiums	from Pg.29.MO, L15, C2,3,7	Losses	from Pg.29.MO, L18, C2,3,7
% Variance	#VALUE!			% Variance	#VALUE!	% Variance	#VALUE!

INSTRUCTIONS FOR ANNUAL SUPPLEMENT 2

For Total Group, add items 1 + 2. DO NOT ADD items 1-1a-1b-2-2a-2b as this will double count small/large employers.

- a) Item 1 represents activity pertaining to Small Employers as defined under federal law in HIPAA.
b) Item 2 represents activity pertaining to Large Employer/Union, which also includes FEHBP.

Number of Contracts shall not exceed Number of Enrollees

Comparison of Supplement 2 and Individual to Supplement 1 Commercial and PEAU Table.

- a) Enrollees - Supplement 2 Number of Enrollees and Individual Enrollees reported on the PEAU table (Page 29.MO, Line 5, Column 2), should be within 5% of Supplement 1 Total Enrollment.
b) Premiums - Supplement 2 Direct Premiums Earned and Individual Direct Premiums Earned reported on the PEAU Table (Page 29.MO, Line 15, Column 2) should be within 5% of Commercial Premiums Earned on the PEAU Table (Page 29.MO, Line 15, Columns 2,3,7).
c) Losses - Supplement 2 Direct Losses Incurred and Individual Direct Losses Incurred reported on the PEAU Table (Page 29.MO, Line 18, Column 2) should be within 5% of Commercial Direct Losses Incurred on the PEAU Table (Page 29.MO, Line 18, Columns 2,3,7).

Additional instructions for reporting association health plans that combine both small and large employers (1a, 1b, 2a, 2b):

Lines 1a, 1b, 2a, 2b are intended to capture information about employer association plans as defined in 376.421.1(5)(e) RSMo.

Data should be reported only if all of the following conditions apply.

1. Business is issued to an association whose membership includes **both** small employers (2-50 employees) and large employers (more than 50 employees).
2. The health benefit plan is underwritten and rated as a **signal employer**.
3. The health plan has a uniform benefit design option or options for all participating association members or employers.
4. The health plan has guarantee issue to all association members and all eligible employees of any participating association member company.

Data should be reported separately for small employers in such associations (lines 1a and 1b) and large employers (lines 2a and 2b).

By definition, if data is reported on line 1a, data must also be reported on line 2a. Similarly, if data is reported on line 1b, data must also be reported on line 2b.

Lines 1a and 2a - Report business for associations in which the index rate for any class of business **exceeds** the rate for any other class by **more than** 20 percent. This business should be exempt from the rating provisions of 379.936.1(1) RSMo, as per 376.421.1(5)(e) RSMo.

Lines 1b and 2b - Includes business for associations in which the index rate for any rating period for any class of business **does not exceed** any other class of business by more than 20 percent.

For additional information, please consult 376.421 RSMo, available on the internet at <http://www.moga.mo.gov/statutes/C300-399/3760000421.HTM>

Direct Premiums Written - is the amount charged when an enrollee contracts for insurance coverage before reinsurance has been ceded and/or assumed.

Direct Premiums Earned - the part of premium attributable to the coverage already provided in a given period before re-insurance has been ceded and/or assumed.

Direct Losses Paid - The sum of all payments made during the year for the benefit of insurance claimants, before reinsurance has been ceded and/or assumed. These payments include amounts paid in the current year for claims arising from coverage in prior years and exclude amounts which will be paid in the future years for claims arising from the current year. Hence, this item is not a measure of the actual cost of current coverages, but only of current cash flows.

Direct Losses Incurred - The sum of direct losses paid plus an estimate at the close of the year of the amounts to be paid in the future for all claims arising from the current and all prior years, minus the corresponding estimate made at the close of business for the preceding year. Incurred losses reported include estimated amounts unpaid for incurred-but-not-reported (IBNR) claims.

ANNUAL SUPPLEMENT 3

1	HMO:								
2	President:								
3	Secretary:								
4	Chief Financial Officer:								
5	Chief Medical Officer:								
6	Mental Health Provider:								
7	Company web address:								
8	NCQA Accredited:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, level:					
9	URAC Accredited:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, level:					
10	JCAHO Accredited:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, level:					
11	Tax Status:	<input type="checkbox"/> For Profit	<input type="checkbox"/> Not For Profit						
12	Other Officers:	(3 others, besides those above)							
13	For fully insured, commercial business only (not applicable to Medicare and Medicaid business), please list all the Missouri counties in which the company actively solicited and sold new contracts for fully insured business, as of 12/31. This would exclude counties in which you renew existing contracts but don't sell any new coverage. This would exclude any counties where the only new contracts are for self insured business.								
14	Please list the Missouri counties in which the company actively markets and sells coverage in conjunction with a contract with the federal Services (CMS) related to the Medicare program. This includes Medicare Advantage, Medicare Part D stand-alone plans, Medicare Special other CMS contracted program.								
15	Please list Kansas and Illinois counties in the HMO's service area as of 12/31.								
	Kansas counties: _____								
	Illinois counties: _____								

LIVE METHODOLOGY: Below is a sample of what the tabs should look like in your workbook, when you have multiple product types in one workbook. This process makes linking formulas a simpler task.

35									
36									
37									
38									
39									
40									
41									
	cos hmo	cos pos	cos agg	t1 hmo	t1 pos	t1 agg	t2 hmo	t2 pos	t2 agg

WORK METHODOLOGY: Below is a sample of what the tabs should look like in your workbook, when you have multiple product types and your Group Enrollment “overflows” into a surrounding state.

51									
52									
53									
54									
55									
56									
57	COS hmo	COS pos	COS agg	t1 hmo	t1 hmo IL	t1 hmo KS	t1 pos	t1 pos IL	t1 pos KS
									t1 agg